IAMJ

Research Article *International Ayurvedic Medical Journal* *ISSN:2320 5091*

A CLINICAL EVALUATION OF EFFECT OF CHANDRAKALA RASA AND ASHOKA KHEERAPAKA IN ASRIGDARA W.S.R TO DUB

Hosur Asha F

Assistant Professor, Department of Streeroga and Prasooti Tantra

KLE Ayurvedic Medical College, Belgum, Karnatak, India

ABSTRACT

Menstruation & its abnormalities decide the women's general, social & reproductive aspects of life .Asrigdhara characterized by excessive vaginal bleeding which can be compared with Dysfunctional uterine bleeding by common causes & features. It is common gynecological problem. It is more prevalent in modern women, because of small family, early menarche, late menopause, stress & Strain of double fold responsibilities of modern women. The alternative contemporary treatment constitutes hormonal & surgical treatment which can cause considerable quantity of morbidity & even mortality.DUB needs non hormonal, palatable, affordable, harmless therapy. Hence this study is taken with chandrakala rasa & Ashok ksheerapak, which are having the properties of raktha sthambhak, garbhashaya sankochaka and balya.

Keywords: *Asrigdhara, DUB, Chandrakala rasa, Ashok ksheera paka*

INTRODUCTION

Woman is endowed with energy of procreation for which menarche is the first step. Menstrual cycle commences with this and ends with menopause and having normal menstruation depicts the well being of female. A slight deviation in the menstrual cycle which may be excessive or low is filled with fear of some serious pathology of internal genital organs. *Asrigdara* characterized by excessive, prolonged, and menstrual or inter menstrual bleeding[1] & it is described at around 1400 B.C. which have been described in ancient Hindu literature. Hippocrates also wrote on this subject. This condition is distressing and potentially disabling. The Lives of reproductive women more often then not, have to revolve around a menstrual calendar, with the social and work commitments being cancelled due to this. It is the common cause of Iron Deficiency Anemia and general debility. It also causes lack of concentration, discomfort in work place, uneasiness etc.

Geographical conditions, racial factors, nutritional standards, environmental influences and indulgence in strenuous physical and mental activity can affect hormonal status and menstrual status of women. Even on completing her family, having irregular and excessive bleeding is a continuous stress denoting hormonal aberrations. There is sharp increase in the incidence in modern era, hence require solution. This condition depends upon hormonal treatment. But hormonal therapy has its own adverse effects like, nausea, vomiting, G.I.T. disturbances, obesity, sterility, Hypertension, Liver disease, etc. Hysterectomy being the ultimate cure for DUB, though safe operation with minimum morbidity and mortality, the possible long term complications like premature ovarian failure, intestinal and urinary dysfunction, and vault prolapse is quite disturbing.

Therefore despite a wide range of treatment options for its management which have multiplied over the recent

years. Yet considering the factors such as age, parity and wishes of the patient with regard to contraception, future pregnancy etc, the drug which is non hormonal, non surgical, effective and without any adverse effect is need of the hour.

Ayurvedic texts have described a variety of treatment options in the management of *Asrigdara. Chandrakala rasa*[2] *& Ashoka*[3] *ksheera paka*[4] being the *Raktha sthambhaka*[5]*, Garbhaashaya sankochaka*[6] and *Balya* have been selected for the present study.

MATERIALS AND METHODS

A current study **'A Clinical Evaluation Of effect of *Chandrakala Rasa & Ashoka Ksheera Paka In Asrigdara* W.S.R To D'** was carried out in patients attending the OP and IP section of prasuti tantra and stree roga department SDM Ayurveda hospital.

Aims and objectives of the study

To evaluate effect of *Chandrakala rasa & Ashoka ksheera paka in Arigdara*(DUB).

Source of Data

- 20 patients diagnosed as *Asrigdara* were selected for study from O.P.D and I.P.D of S.D.M.Ayurveda hospital Kuthpady, Udupi, Karnataka.

Method of Collection of Data

Study design

- It is a single blind control clinical study with a pre test and post test design where 20 patients diagnosed as *Asrigdara* were selected.
- The selected 20 patients were divided in to 2 groups, 10 patients in each.
- The selected 10 patient's in-group "I" was administered with *Chandrakala Rasa & Ashoka ksheera paka* orally.
- The selected 10 patient's in-group "II" was administered with Progestrone hormone orally.
- The duration of treatment for the Group I was for 1 month and for 10 days in Group II starting from when patient came for first visit.
- The follow up for both groups were taken for the next menstrual cycle in patients of *Asrigdara.*
- A special format was prepared with all points of history taking, physical signs and symptoms as mentioned in our classics and allied sciences .patient were analyzed and selected accordingly.
- The parameter of signs and symptoms were scored on the basis of standard method of statistical analysis

A) Inclusion Criteria:

- Patients aged between 20 to 50 years.
- Patient with '*Pratyatma lakshana'* of *Arigdara*..
- Patients diagnosed as DUB.

B) Exclusion Criteria:

- STD, patients with IUCD, PID, Polyp, uterine fibroid, endometrial carcinoma, cervical carcinoma etc.
- Abortion.
- Thyroid dysfunction.
- Systemic diseases like DM, HTN, Koch's etc.
- Coagulator defects.

Assessment Criteria:-

I Amount:
Normal –(0) – 2-3 diapers / day.
Mild – (+) – 4-5 diapers/day
Moderate (++) – 5-7/ diapers/day
Severe (+++) – more than 7 diaper/day
II Duration:
Normal -(0) 3-5 days.
Mild (+) – 6-10 days
Moderate (++) – 10 – 15 days
Severe (+++) – more than 15 days
III Intermenstrual Period
Normal– 28-35 days
Frequent – once in 20 days

Inter menstrual – In between 2 cycles i.e. once in 15 days.
IV Consistency:
Watery – 1
Watery + clots – 2
Clots - 3
V Intensity
Mild - Pain able to tolerate, routine work will not affect
Moderate – Pain during work
Severe- Not able to do routine work, forced to take the rest.
VI Associated Symptoms:
BodyachWeakness
Low back ache
Burning sensation
Head ache
Giddeness
Depression
Lack of concentration
Breast tenderness
vomitting
Rise of temp
thirst
Loose stools
Excessive sweating
Hot flushes

Investigation:-

Blood: Hb%, BT, CT.

Urine: Albumin , Sugar, Microscopic

USG, Endometrial Biopsy if necessary.

Interventions: The patients selected for study were administered in

1) GROUP –I

- *Chandrakala Rasa* = 250mg (2 ratti) B.D in tablet form orally. *Ashoka Ksheera paka* = 48 ml B.D orally.
- Duration of treatment = 30 days (two menstrual cycles)
- Follow up = Next menstrual cycle.

2) GROUP –II

- Progestrone hormone = 5mg B.D Orally.
- Duration of treatment = 10 Days (two menstrual cycles)
- Follow up = Next menstrual cycle.

DISSCUSSION ON RESULT:

1. Effect on Amount of blood loss

Group I - 95 percent confidence interval for difference of means: 1.236 to 2.364. The change that occurred with the treatment is greater than would be expected by chance; there is a statistically significant change (P = <0.001)

Group II - t = 6.128 with 9 degrees of freedom. (P = <0.001) 95 percent confidence interval for difference of means: 0.694 to 1.506. The change that occurred with the treatment is greater than would be expected by chance; there is a statistically significant (P = <0.001). **Comparison of both the groups**

This shows a marginal better response in Group I with the mean Difference 0.7. The change that occurred with the treatment is not great enough to exclude the possibility that the difference is due to due to random sampling variability. There is not a statistically significant difference between the input Groups. (P = 1.000)

Effect on duration of blood loss

Group I - 95 percent confidence interval for difference of means: 1.236 to 2.364

The change that occurred with the treatment is greater than would be expected by chance; there is a statistically significant

Group II-95 percent confidence interval for difference of means: 0.523 to 1.477. The change that occurred with the treatment is greater than would be expected by chance; there is a statistically significant change (P = 0.001)

Comparison of both the groups

This shows a marginal better response in Group I with the mean Difference 0.8. The difference in the mean values of the two groups is not great enough to reject the

possibility that the difference is due to random sampling variability. There is not a statistically significant difference between the input Groups (P = 1.000).

Effect on interval:

Group I - 95 percent confidence interval for difference of means: 0.217 to 1.183. The change that occurred with the treatment is greater than would be expected by chance; there is a statistically significant change (P = 0.010)

Group II- 95 percent confidence interval for difference of means: 0.231 to 0.969. The change that occurred with the treatment is greater than would be expected by chance; there is a statistically significant change (P = 0.005).

Comparison of Interval in both the groups

This shows a marginal better response in Group I with the mean Difference 0.1. The difference in the mean values of the two groups is not great enough to reject the possibility that the difference is due to random sampling variability. There is not a statistically significant difference between the input Groups (P = 1.000).

Effect on Consistency;

Group I- 95 percent confidence interval for difference of means: 0.456 to 1.544. The change that occurred with the treatment is greater than would be expected by chance; there is a statistically significant change (P = 0.003)

Group II-95 percent confidence interval for difference of means: 0.217 to 1.183. The change that occurred with the treatment is greater than would be expected by chance; there is a statistically significant change (P = 0.010)

Comparison of Consistency in both the groups

This shows a marginal better response in Group I with the mean Difference 0.1 further the difference in the mean values of the two groups is not great enough to reject the possibility that the difference is due to random sampling variability. There is not a statistically significant difference between the input Groups (P = 1.000).

Effect on Pain:

Group I - 95 percent confidence interval for difference of means: 0.372 to 1.428. The change that occurred with the treatment is greater than would be expected by chance; there is a statistically significant change (P = 0.004).

Group II –95 percent confidence interval for difference of means: 0.236 to 1.364. The change that occurred with the treatment is greater than would be expected by chance; there is a statistically significant change (P = 0.011)

Comparison of Pain in both the groups

This shows a marginal better response in Group I with the mean difference 0.1. The difference in the mean values of the two groups is not great enough to reject the possibility that the difference is due to random sampling variability. There is not a statistically significant difference between the input Groups (P = 1.000)

Effect on Associated symptoms;

Group I-95 percent confidence interval for difference of means: 1.416 to 2.584. The change that occurred with the treatment is greater than would be expected by chance; there is a statistically significant change (P = <0.001)

Group II - 95 percent confidence interval for difference of means: 0.236 to.364. The change that occurred with the treatment is greater than would be expected by chance; there is a statistically significant change (P = 0.011)

Comparison of Associated symptom in both the groups

This shows a marginal better response in Group II with the mean difference 0.1 further the unpaired t test confirms the sta-

tistical significance of the results when compared t = 0.000 with 18 degrees of freedom. (P = 1.000) 95 percent confidence interval for difference of means: -0.693 to 0.693

The difference in the mean values of the two groups is not great enough to reject the possibility that the difference is due to random sampling variability. There is not a statistically significant difference between the input groups (P = 1.000).

CONCLUSION

- *Asrigdara* is well described gynecological disorder by all *Achaaryas,* covering the etiopathology at every level of female physiology. It includes a spectrum of nidana like die tic causes to previous incidence of obstetrical tragedy like *garbha-paata* and *ksheera vaha naadi vikriti*
- The incidence of *Asrigdara* is high among the women of reproductive age and perimenopausal age.
- After analysis it can be concluded that *Asrigdara* can be comp aired with DUB
- Dietary habits, strain full physical activities and mental stress play an important role in the etiology hence the incidence is increasing day by day
- *Chandrakala rasa* possessing *raktha sthambhaka* and *Rasaayana* properties and proved the efficacy in treating *Asrigdara*
- *Ashoka* possess *garbhaashaya sankochaka* and *raktha sthambhaka* properties and it is a Phytoestrogen drug. The study revealed that liquid extract from the bark is strongly astringent and contain beta sitosterol. . It acts directly on muscular fibers in the uterus. And has got stimulating effect on the endometrium and on the ovarian tissue. So, it is effective in treating *Asrigdara*
- Apart from making *Kashaya rasa of Ashoka* palatable, *ksheera paka* also helps in general health. It also increases Hb %
- Significant improvement is seen in all the criteria of assessment in treating *Asrigdara*. Reoccurrence of the symptoms were not seen in trial group and in all other criteria comparison between two groups showed insignificant result
- Significant change has seen in weight gain, Pain, and Hb% in trial group.
- One patient remained Amenorrhic for 2 months in trial group
- Thus we can conclude that *Chandrakala rasa* and *Ashoka ksheera paka* have marked good result in treating *Asrigdara,* these are non hormonal in expensive easily available and applicable type of treatment in *Asrigdara* and as effective as progesterone hormone.

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CORRESPONDING AUTHOR